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HEALTH QUARTERLY STATEMENT

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AS OF JUNE 30, 2006  
OF THE CONDITION AND AFFAIRS OF THE  
UAHC Health Plan of Tennessee

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C&I TENNCARE

NAIC Group Code 0000 0000 NAIC Company Code 00000 Employer's ID Number 62-1547197  
(Current Period) (Prior Period)

Organized under the Laws of \_\_\_\_\_, State of Domicile or Port of Entry TN

Country of Domicile \_\_\_\_\_

Licensed as business type: Life, Accident & Health ☐ Property/Casualty ☐ Hospital, Medical & Dental Service or Indemnity ☐  
Dental Service Corporation ☐ Vision Service Corporation ☐ Health Maintenance Organization ☒  
Other ☐ Is HMO Federally Qualified? YES ☒ NO ☐

Incorporated/Organized: October 6, 1993 Commenced Business: January 3, 1994

Statutory Home Office: 1769 Paragon Suite 100 Memphis, TN 38132

Main Administrative Office: 1769 Paragon Suite 100 Memphis, TN 38132 901-346-1032

Mail Address: 1769 Paragon Suite 100 Memphis, TN 38132

Primary Location of Books and Records: 1769 Paragon Suite 100 Memphis, TN 38132 901-346-1032

Internet Website Address: N/A

Statutory Statement Contact: Stephen Harris 000-000-0000

sharris@uahc.com 901-346-1032

Policyowner Relations Contact: 1769 Paragon Suite 100 Memphis, TN 38132 000-000-0000

OFFICERS

Name	Title
1. <u>Stephanie Dowell</u>	<u>Chief Executive Officer</u>
2. <u>Stephen Harris</u>	<u>Chief Financial Officer</u>
3. _____	_____

Vice-Presidents

Name	Title	Name	Title
<u>Myla Robinson</u>	<u>Vice-President Medical Services</u>	<u>Edward Reed, M.D.</u>	<u>Senior Vice-President &amp; Medical Director</u>
<u>Stacy Hill</u>	<u>Vice-President MIS</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DIRECTORS OR TRUSTEES

<u>Stephanie Dowell</u>	<u>Stephen Harris</u>	<u>Tom Goss</u>	<u>Samuel King</u>
<u>Grover Barnes M.D.</u>	<u>Julius V. Combs, M.D.</u>	<u>Griselle Figueredo, M.D.</u>	<u>Lloyd Robinson</u>
<u>Logan Miller M.D.</u>	<u>Neal Beckford M.D.</u>	<u>Stan Sawyer</u>	<u>William Brooks</u>
<u>Charles Carpenter</u>	<u>Alvin King</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State of \_\_\_\_\_  
County of \_\_\_\_\_ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

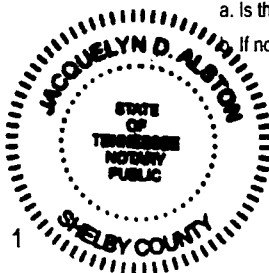
Stephanie Dowell  
(Signature)  
Stephanie Dowell  
(Printed Name)  
1.  
Chief Executive Officer  
(Title)

Stephen Harris  
(Signature)  
Stephen Harris  
(Printed Name)  
2.  
Chief Financial Officer  
(Title)

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Printed Name)  
3.  
\_\_\_\_\_  
(Title)

Subscribed and sworn to before me this  
8<sup>th</sup> day of September, 2006

Jacquelyn D. Alston  
My Commission Expires  
May 31, 2010



a. Is this an original filing? YES ☐ NO ☒  
If no:  
1. State the amendment number 1  
2. Date filed 09/07/2006  
3. Number of pages attached 5

AMENDED FILING COVER SHEET

Amended File Title	Amended Explanation
MFT TO NAIC RECONCILIATION SCHEDULE 2A SCHEDULE 2A CONTINUED JURAT	

UAHC Health Plan Inc  
Reconciliation from MFT to NAIC Annual Statement  
June, 2006

Medical Expenses Per NAIC:		
Statement of Revenue and Expenses- Page 2A, Line 24	137,131,589	
Add: Reinsurance Ceded from U & I Exhibit, Page 8, Line 15	-	
Total	<u>137,131,589</u>	
Total Medical Expenses Paid per 06/30/06 MFT		
January-June, 2006 for Facility	70,607,618	
January-June, 2006 for Physician	34,470,684	
Other payments	3,237,606	
IBNR as of 06/30/06	<u>29,241,000</u>	
Total	<u>137,556,908</u>	
Unreconciled difference	<u><u>425,319</u></u>	0.3092%

**Report #2A TENNCARE OPERATIONS STATEMENT OF REVENUE AND EXPENSES**

Statement as of June 30, 2006 of UAHC Health Plan of TN, Inc.

MEMBER MONTHS	Current Period	Current Year to Date	Prior Calendar Year
	371.645	735.809	1.545.287
<b>REVENUES:</b>	-		
1. TennCare Capitation	52,238,064	107,447,756	230,622,544
2. Investment	328,455	383,835	172,925
3. Other Revenue (Provide detail)	34,842,454	40,104,515	55,359,263
<b>4. TOTAL REVENUES (Lines 1 to 3)</b>	<b>87,408,973</b>	<b>147,936,106</b>	<b>286,154,732</b>
<b>EXPENSES:</b>			
Medical and Hospital Services			
5. Capitated Physician Services	1,540,223	3,092,860	7,121,316
6. Fee-for-Service Physician Services	4,986,683	10,222,290	22,856,280
7. Inpatient Hospital Services	12,301,165	26,843,553	60,941,474
8. Outpatient Services	17,550,764	35,926,406	75,810,826
9. Emergency Room Services	5,360,642	10,575,847	19,445,048
10. Mental Health Services	-	-	-
11. Dental Services	-	193	1,724
12. Vision Services	428,817	873,428	1,965,999
13. Pharmacy Services	-	-	17
14. Home Health Services	413,131	986,473	1,594,500
15. Chiropractic Services	-	-	-
16. Radiology Services	1,182,443	2,301,442	4,845,301
17. Laboratory Services	148,168	297,960	1,687,132
18. Durable Medical Equipment Services	557,229	1,131,133	2,760,936
19. Transportation Services	1,697,624	3,353,010	7,049,831
20. Outside Referrals	-	-	-
21. Medical Incentive Pool and Withhold Adjustments	-	-	-
22. Occupancy, Depreciation, and Amortization		-	-
23. Other Medical and Hospital Services (Provide detail)	35,520,914	41,526,996	56,255,803
24. Subtotal (Lines 5 to 23)	81,687,802	137,131,589	262,336,187
25. Reinsurance Expenses Net of Recoveries	-	-	237,932
<b>LESS:</b>		-	-
26. Copayments	-	-	-
27. Subrogation	(592)	(8,986)	(343,058)
28. Coordination of Benefits	(191,181)	(477,028)	(1,097,533)
29. Subtotal (Lines 26 to 28)	(191,773)	(486,014)	(1,440,591)
<b>30. TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29)</b>	<b>81,496,029</b>	<b>136,645,576</b>	<b>261,133,528</b>
Administration:			
31. Compensation	1,316,155	2,630,556	5,295,458
32. Marketing	59,429	98,634	190,044
33. Interest Expense	-	-	-
34. Premium Tax Expense	1,209,809	2,355,464	5,103,560
35. Occupancy, Depreciation and Amortization	262,226	327,379	493,773
36. Other Administration (Provide detail)	2,717,946	5,242,250	12,251,482
<b>37. TOTAL ADMINISTRATION (Lines 31 thru 36)</b>	<b>5,565,564</b>	<b>10,654,283</b>	<b>23,334,317</b>
<b>38. TOTAL EXPENSES (Lines 30 and 37)</b>	<b>87,061,594</b>	<b>147,299,859</b>	<b>284,467,845</b>
<b>39. NET INCOME (LOSS) (Line 4 less 38)</b>	<b>343,680</b>	<b>636,247</b>	<b>1,683,187</b>

## Report #2A (cont'd) TENNCARE OPERATIONS STATEMENT OF REVENUE AND EXPENSES

Statement as of June 30, 2006 of UAHC Health Plan of TN Inc.

<u>Line 6 - Other Revenue</u>	Current Period	Current Year to Date	Prior Year
Pharmacy Rebates	\$0	\$0	\$2,612
Administrative Fee Revenue from State	4,030,689	8,147,095	19,376,570
Revenue from State for Premium Tax	1,209,809	2,355,464	5,103,559
Miscellaneous Revenue	360,956	360,956	83,522
IBNR	29,241,000	29,241,000	30,793,000
Total	<u>\$34,842,454</u>	<u>\$40,104,515</u>	<u>55,359,263.00</u>

Line 23 - Other Medical and Hospital Services

Other Referral/Specialist Services	\$6,283,123	\$12,359,633	\$25,462,803
Other	(\$3,209)	(\$73,637)	
Physical Therapy	-	-	
IBNR	29,241,000	29,241,000	30,793,000
Total	<u>\$35,520,914</u>	<u>\$41,526,996</u>	<u>\$56,255,803</u>

Line 36 - Other Administration

Accounting Services	\$88,479	\$92,406	68,928.00
Legal Services	\$0	\$0	510.00
Professional Services	1,420,782	2,834,080	5,284,609.00
Board of Directors' Meetings	16,341	31,814	77,019.00
Bank Charges	376	1,431	4,215.00
Administrative Expenses	704,711	1,675,014	1,736,181.00
Consumables	118,080	139,093	466,192.00
Travel & Entertainment	42,917	76,861	153,688.00
Other Unassigned	15,158	(101,249)	2,109,854.00
Miscellaneous Expense	\$0	\$0	-
Provision for Income Taxes	311,101	447,601	492,992.00
Provision for Income Taxes of Mgmt company	-	45,200	1,857,294.00
Total	<u>\$2,717,946</u>	<u>\$5,242,250</u>	<u>\$12,251,482</u>